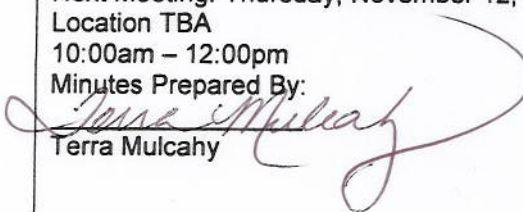


**CHILDREN'S COUNTYWIDE QUARTERLY
QUALITY IMPROVEMENT COMMITTEE MEETING
August 13, 2009**

Attendees	<p>Susana Zendejas, Bienvenidos Vincent Castro, Maryvale Rhiannon DeCarlo, PacificClinic Janet Fleishman, Star View Theodore M. Cannady, DMH Evelyn Duong, DMH Lisa Harvey, Hollygrove Paul McIver, DMH Gabriela Villasenor, McKinley Mikki Beermann, DMH Katherine Cariro, Aviva Diane Beekman, Five Acres Daneta Calderon, ParaLosNinos Maribel Nieves, CA Beh Health Sylvia Guerrero, DMH Maria Lopez, Hillsides Anahid Assatorian, DMH Marcella Munoz, ICGC</p>	<p>Eric Yamamoto, DavidMargar Michelle Chiappone, Ettie Lee Ruchika Puri, Pacific Lodge Lupe Ayala, DMH Denise Gonzalez, Maryvale Misty Allen, Alma Danielle Milinovich, SGCC Kim Tran, Ettie Lee Sonja Samoyoa, DMH Lisha Singleton, DMH Keith Parker, Harbor View Ron Baker, Olive Crest Terra Mulcahy, DMH Ayeda Cabrera, The Help Grp Leah Marjil, Bienvenidos Ericka Sagastume, Bienvenid Jennifer Mitzner, Olive Crest Susan Edelstein, UCLA TIES</p>	<p>Jim Adams, Trinity Kathleen Kim, Bienvenidos Michael Grassis, Harbor View NatalieSpiteri, Harbor View David Zippih, DMH Adrine Bazikyan, Trinity Jayne Millstein, Crittenton Anu Mandapati, St Annes Brenda Pitchford, UCLA TIES Don Gonzales, DMH Betsy Fitzgerald, DMH Silvia Yan, APCTC Tracey Walker, Harbor View Angeline Baez, Aviva Rosa Martinez, Rosemary Tracy Chinn, Pennylane Jennifer Eberle, DMH</p>
Agenda Item	Discussion and Findings	Decisions Recommendations Actions Tasks	Person Presenting
Call to Order	The meeting was called to order at 10:00 am. Introductions were made.	No Action Required	Lisa Harvey
Minutes	Minutes from 5/21/09 meeting were distributed and reviewed.	Minutes were Approved with spelling correction to attendee name.	Ron Baker Jayne Millstein
Handouts	Handouts were reviewed including California DH Implementation of the Provisions in SB 785, Quality Improvement Workplan 2009, LACDMH Provider Manual July 2009	No Action Required	Lisa Harvey
Announcements	It was announced that grievances have been made against outpatient clinic FSP "Whatever it takes". Clarification is needed as to what services can be provided.	No Action Required. Address questions to sguerrero@dmh.lacounty.gov	Sylvia Guerrero, DMH, Pt Rights
Presentation	<p>Updates: Proposed Children's Residential Budget Reductions; Implementation of Provisions in SB785 regarding Out of County placement Changes to the Law to Improve Timely Access to Specialty MH Care for Children; TBS. Residential Curtailments;</p> <p>Mr. McIver explained the proposed 10% across the board curtailment to foster care, group homes, and foster agencies beginning in October which is simultaneous with EPSDT MediCal Curtailments. Wait lists will increase and care possibly rationed. If there is a need to reduce intensity and frequency of services, it should be done safely. If a bed is lost, it may never be restored. This occurs as the chronic nature and severities of problems are increasing which increases difficulties for front line clinicians who may be the youngest and least experienced.</p> <p>SB785: SB785 takes effect 7/1/09 and is the mechanism by which the organizational providers in LA can serve foster children (intensive services are not included) and adoptees with a universal standardized contract. It has been worked</p>	No Action Required.	Paul McIver, LCSW, MH Clinical District Chief, Countywide Case Management Placement Programs

<p>Presentation</p>	<p>on since 1996 MediCal Consolidation. Before there was a single system of MediCal which enabled services to be received anywhere in the State. There has been a problem for last 12 years since Consolidation as each County had to be responsible for its own residents. This has especially been a barrier for foster/adopted children placed outside the County where the MediCal exists and seeking services from the new County of residence. SB 785 was introduced by the Contractor Association and is protection for providers to anticipate payment on a timely basis and by whom. Determination is to be made within 30 days and the authorization is to be completed within 3 days of receipt. The State website is: TBS: TBS lawsuit filed/settled 13 years ago. Goal approved by the federal judge that 9 Point Plan to double the use of TBS from 2% to 4%, or 1150 to 2300, of MediCal eligible by 12/2010. This is an ambitious goal/time as the present Budget was not anticipated when the goal was written. \$19 million EPSDT was allocated to the Counties, but not earmarked specifically for TBS, and more \$ was taken than allocated during the Budget process. Now reducing CGF used to match EPSDT as a way of mitigating the budget deficit, which is the first time this has happened. TBS is not a stand alone service, is supplemental to hard services, and still working in 9 Point Plan that considers equivalency, as services such as WRAP and FSP, with similar goals, were not available when lawsuit settled. The goal is to maintain children and families at home together. TBS, WRAP, and FSP are to facilitate movement to a lower level of care, safely. A Special Master, Rick Saletta, was appointed. The State website (copy/paste) for SB785 is: http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/SB785.asp</p> <p>General documentation questions and the new CCCP and SFPR policy. Per Jennifer, the cycle date of the CCCP is the month of admission to the Agency if there is no other open episode. If the case is already open, call the SFPR to coordinate care and get the cycle date. If the case is being closed and the client is being transferred to your Agency you may use the month of admission to your agency as the cycle date. Contact the SFPR Supervisor if you are unable to reach the SFPR. Every effort to contact the SFPR should be documented to show an effort of coordinating services. When an Agency will not release the SFPR or you are unable to contact the SFPR, use the memo to the District Chief after at least 3 attempts are made and documented on the memo. The SFPR Policy is still in DRAFT format.</p> <p>Standards and Quality Assurance is currently working on a 15 minute training module that can be accessed on line on "How to fill out the CCCP" including a few FAQ regarding cycle dates. The next training module which will be developed is on how to write a goal with examples of appropriate goals. A Recovery Documentation Training and Paraprofessional Documentation Training for Peer Advocates, Parent Partners, and Recovery Specialists is</p>	<p>No Action Required</p>	<p>Jennifer Eberle, MSW, MPA, DMH Program Support Bureau, Standards & Quality Assurance/Clinical Records</p>
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	<p>also in process. Guidelines for Electronic Medical Records are also being finalized.</p> <p>Generally, the CCCP should not be completed prior to the Assessment. The purpose of the CCCP is to coordinate care and maintain a plan for what is being worked on with the client. It is important the CCCP links to both the Assessment and the Progress Notes. For example, if it is later determined Group Therapy is needed, if the same Goal applies and this is another Intervention (to the same goal) just sign/date and document in the Progress Note that it was discussed with the Parent and s/he agreed. Any time you write on an already existing document you need to sign/date to indicate when added. The importance is for therapists and others working with the client to be talking with each other, coordinating care, and documenting it. The frequency of contact does need to be recorded on the CCCP. Refills do not have to be face to face. The code can be a med support code for a refill over the phone. In bundled Day Rehab, the medication support start date is the date of the first appointment. In Juvenile Hall the lockout states that the adolescent must be adjudicated for suitable placement and then billing is not impeded. Juvenile Hall will not be the SFPR. In questions of Consent, Contract Agencies must speak with their own legal counsel. DMH cannot give legal advice on who can consent. There is the Consent of Minor form if the criteria are met; this form gives the minor the ability to sign the Consent for Services. The parent, if s/he has legal custody. A court order would be required for someone else to sign the Consent. For example, a Court Order would have to specify that someone else such as an attorney or DCFS could sign the Consent.</p> <p>1. Do the goals for medication management need to be separate, different goals then for the therapists? It depends on what the goal is. It is possible that, for example, medication support and therapy have the same goal. The interventions would have to be specified for both therapy and med support. However, generally people tend to have one goal associated with therapy and one goal associated with med support so that it is obvious that both types of services have goals associated with them.</p> <p>2. Can a Nurse Practitioner sign for State Disability? We do not believe a NP can sign.</p> <p>Meeting was adjourned at 12:10pm.</p>		
	<p>Next Meeting: Thursday, November 12, 2009 Location TBA 10:00am – 12:00pm Minutes Prepared By:  Terra Mulcahy</p>		